



# Motor Vehicle Division

40-1022 R02/07 www.azdot.gov

Mail Drop 535M  
Insurance Unit  
Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100

## ACCIDENT NOTIFICATION

Accident must have occurred in Arizona and not on a Reservation.

Accident Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Police Called to Scene <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Report Made <input type="checkbox"/> Yes (accident report must be submitted) <input type="checkbox"/> No
Location Address		City	County

### Vehicle #1 Requestor/Client/Insured

Driver Name (first, middle, last, suffix)		Date of Birth	Driver License Number	
Owner Names (first, middle, last, suffix)				
Owner Street Address		City	State	Zip
Plate Number	Vehicle Identification Number	Year	Make	

### Vehicle #2

Driver Name		Date of Birth	Driver License Number	
Owner Names				
Owner Street Address		City	State	Zip
Plate Number	Vehicle Identification Number	Year	Make	

### Vehicle #3

Driver Name		Date of Birth	Driver License Number	
Owner Names				
Owner Street Address		City	State	Zip
Plate Number	Vehicle Identification Number	Year	Make	

Accident Description
Damage Description (if other than vehicle damage)

I certify the information on this form is true and correct to the best of my knowledge.

Signature	Date
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